

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1197
99TH GENERAL ASSEMBLY

2356H.02C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 195.206 and 374.426, RSMo, and to enact in lieu thereof ten new sections relating to opioids.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 195.206 and 374.426, RSMo, are repealed and ten new sections enacted in lieu thereof, to be known as sections 9.240, 195.206, 338.710, 374.426, 478.004, 487.200, 630.870, 630.875, 630.880, and 630.890, to read as follows:

9.240. The years of 2017 to 2027 shall hereby be designated as "Show-Me Freedom From Opioid Addiction Decade".

195.206. 1. As used in this section, the following terms shall mean:

(1) "[~~Emergency~~] Opioid antagonist", naloxone hydrochloride that blocks the effects of an opioid overdose that is administered in a manner approved by the United States Food and Drug Administration or any accepted medical practice method of administering;

(2) "Opioid-related drug overdose", a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid or other substance with which an opioid was combined or a condition that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.

2. **Notwithstanding any other law or regulation to the contrary:**

(1) **The director of the department of health and senior services, if a licensed physician, may issue a statewide standing order for an opioid antagonist;**

(2) **In the alternative, the department may employ or contract with a licensed physician who may issue a statewide standing order for an opioid antagonist with the express written consent of the department director.**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

16 **3.** Notwithstanding any other law or regulation to the contrary, any licensed pharmacist
17 in Missouri may sell and dispense an opioid antagonist under physician protocol **or under a**
18 **statewide standing order issued under subsection 2 of this section.**

19 ~~[3-]~~ **4.** A licensed pharmacist who, acting in good faith and with reasonable care, sells
20 or dispenses an opioid antagonist and appropriate device to administer the drug, and the protocol
21 physician, shall not be subject to any criminal or civil liability or any professional disciplinary
22 action for prescribing or dispensing the opioid antagonist or any outcome resulting from the
23 administration of the opioid antagonist. **A physician issuing a statewide standing order under**
24 **subsection 2 of this section shall not be subject to any criminal or civil liability or any**
25 **professional disciplinary action for issuing the standing order or for any outcome related**
26 **to the order or the administration of the opioid antagonist.**

27 ~~[4-]~~ **5.** Notwithstanding any other law or regulation to the contrary, it shall be permissible
28 for any person to possess an opioid antagonist.

29 ~~[5-]~~ **6.** Any person who administers an opioid antagonist to another person shall,
30 immediately after administering the drug, contact emergency personnel. Any person who, acting
31 in good faith and with reasonable care, administers an opioid antagonist to another person whom
32 the person believes to be suffering an opioid-related overdose shall be immune from criminal
33 prosecution, disciplinary actions from his or her professional licensing board, and civil liability
34 due to the administration of the opioid antagonist.

338.710. The Missouri board of pharmacy, in consultation with the Missouri
2 **department of health and senior services, shall be authorized to expend, allocate, or award**
3 **funds appropriated to the board to private or public entities to develop a drug take-back**
4 **program. Such program shall collect and dispose of Schedule II and III drugs, as defined**
5 **in section 195.017.**

 374.426. 1. Any entity in the business of delivering or financing health care shall provide
2 data regarding quality of patient care and patient satisfaction to the director of the department
3 of insurance, financial institutions and professional registration. Failure to provide such data as
4 required by the director of the department of insurance, financial institutions and professional
5 registration shall constitute grounds for violation of the unfair trade practices act, sections
6 375.930 to 375.948.

7 2. In defining data standards for quality of care and patient satisfaction, the director of
8 the department of insurance, financial institutions and professional registration shall:

9 (1) Use as the initial data set the HMO Employer Data and Information Set developed
10 by the National Committee for Quality Assurance;

11 (2) Consult with nationally recognized accreditation organizations, including but not
12 limited to the National Committee for Quality Assurance and the Joint Committee on
13 Accreditation of Health Care Organizations; and

14 (3) Consult with a state committee of a national committee convened to develop
15 standards regarding uniform billing of health care claims.

16 **3. In defining data standards for quality of care and patient satisfaction, the**
17 **director of the department of insurance, financial institutions and professional registration**
18 **shall not require patient scoring of pain control.**

478.004. 1. As used in this section, "medication-assisted treatment" means the use
2 **of pharmacological medications, in combination with counseling and behavioral therapies,**
3 **to provide a whole patient approach to the treatment of substance use disorders.**

4 **2. If a drug court or veterans court participant requires treatment for opioid or**
5 **other substance misuse or dependence, a drug court or veterans court shall not prohibit**
6 **such participant from participating in and receiving medication-assisted treatment under**
7 **the care of a physician licensed in this state to practice medicine. A drug court or veterans**
8 **court participant shall not be required to refrain from using medication-assisted treatment**
9 **as a term or condition of successful completion of the drug court program.**

10 **3. A drug court or veterans court participant assigned to a treatment program for**
11 **opioid or other substance misuse or dependence shall not be in violation of the terms or**
12 **conditions of the drug court or veterans court on the basis of his or her participation in**
13 **medication-assisted treatment under the care of a physician licensed in this state to practice**
14 **medicine.**

487.200. 1. As used in this section, "medication-assisted treatment" means the use
2 **of pharmacological medications, in combination with counseling and behavioral therapies,**
3 **to provide a whole patient approach to the treatment of substance use disorders.**

4 **2. If a family court participant requires treatment for opioid or other substance**
5 **misuse or dependence, a family court shall not prohibit such participant from participating**
6 **in and receiving medication-assisted treatment under the care of a physician licensed in**
7 **this state to practice medicine. A family court participant shall not be required to refrain**
8 **from using medication-assisted treatment as a term or condition of successful completion**
9 **of the family court program.**

10 **3. A family court participant assigned to a treatment program for opioid or other**
11 **substance misuse or dependence shall not be in violation of the terms or conditions of the**
12 **family court on the basis of his or her participation in medication-assisted treatment under**
13 **the care of a physician licensed in this state to practice medicine.**

630.870. 1. The department of mental health shall publish and make available an information form that discloses the possible risks, benefits, and side effects of taking opioid medication including, but not limited to, opioid addiction. The language of the form shall be clear and understandable to most patients.

2. The department shall seek input and collaboration with medical associations operating in the state in drafting the information form including, but not limited to, the Missouri state medical association and the Missouri association of osteopathic physicians and surgeons.

630.875. 1. This section may be cited and shall be known as the "Improved Access to Treatment for Opioid Addictions Act" or "IATOA Act".

2. As used in the improved access to treatment for opioid addictions act, the following terms mean:

(1) "Department", the department of mental health;

(2) "IATOA program", the improved access to treatment for opioid addictions program created under subsection 3 of this section.

3. The department shall create and oversee an "Improved Access to Treatment for Opioid Addictions Program", which is hereby created and whose purpose is to disseminate information and best practices regarding opioid addiction and to facilitate collaborations to better treat and prevent opioid addiction in this state. The IATOA program shall facilitate partnerships between assistant physicians practicing in federally qualified health centers, rural health clinics, and other health care facilities and physicians practicing at remote facilities located in this state. The IATOA program shall provide resources that grant patients and their treating assistant physicians or physicians access to knowledge and expertise through means such as telemedicine and extension for community healthcare outcomes (ECHO) programs.

4. Assistant physicians who participate in the IATOA program shall complete the necessary requirements to prescribe buprenorphine within at least ninety days of joining the IATOA program.

5. For the purposes of the IATOA program, a remote collaborating physician working with an on-site assistant physician shall be considered to be on-site. An assistant physician collaborating with a remote physician shall comply with all laws and requirements applicable to assistant physicians with on-site supervision before providing treatment to a patient.

6. An assistant physician, collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the IATOA program in any area of the state and provide all services and functions of an assistant physician.

29 7. The department may develop a curriculum and benchmark examinations on the
30 subject of opioid addiction and treatment. The department may collaborate with
31 specialists, institutions of higher education, and medical schools for such development.
32 Completion of such a curriculum and passing of such an examination by an assistant
33 physician or physician shall result in a certificate awarded by the department or
34 sponsoring institution, if any.

35 8. An assistant physician participating in the IATOA program may also:

36 (1) Engage in community education;

37 (2) Engage in professional education outreach programs with local treatment
38 providers;

39 (3) Serve as a liaison to courts;

40 (4) Serve as a liaison to addiction support organizations;

41 (5) Provide educational outreach to schools;

42 (6) Treat physical ailments of patients in an addiction treatment program or
43 considering entering such a program;

44 (7) Refer patients to treatment centers;

45 (8) Assist patients with court and social service obligations; and

46 (9) Perform other functions as authorized by the department.
47

48 The list of authorizations in this subsection is a nonexclusive list, and assistant physician
49 participating in the IATOA program may perform other actions.

50 9. When an overdose survivor arrives in the emergency department, the assistant
51 physician serving as a recovery coach or, if the assistant physician is unavailable, another
52 properly trained recovery coach shall, when reasonably practicable, meet with the
53 overdose survivor and provide treatment options and support available to the overdose
54 survivor.

55 10. The department shall promulgate rules to implement the provisions of the
56 improved access to treatment for opioid addictions act. Any rule or portion of a rule, as
57 that term is defined in section 536.010, that is created under the authority delegated in this
58 section shall become effective only if it complies with and is subject to all of the provisions
59 of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
60 nonseverable, and if any of the powers vested with the general assembly pursuant to
61 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
62 subsequently held unconstitutional, then the grant of rule making authority and any rule
63 proposed or adopted after August 28, 2017, shall be invalid and void.

630.880. 1. As used in this section, the following terms mean:

2 (1) "Department", the department of mental health;

3 (2) "Neonatal abstinence syndrome", a syndrome that occurs in newborn infants
4 when the infant's mother used opioids during pregnancy, causing the infant to go through
5 drug withdrawal after birth.

6 2. The department may study the establishment and implementation of regional
7 neonatal abstinence syndrome step-down units. Such units shall provide high quality
8 specialized care to infants affected by neonatal abstinence syndrome in a cost effective
9 manner.

 630.890. 1. The department of mental health, by collaborating with the department
2 of social services and the department of health and senior services, shall develop a
3 statewide plan to inform and educate citizens on the risks associated with opioid
4 medications, including opioid addiction.

5 2. The plan described in subsection 1 of this section shall include prevention
6 programs that educate the citizens about the potential dangers of misusing prescription
7 medications and shall provide evidence-based treatment services for parents or caregivers
8 of children at risk of being placed out of the home due to the parents' or caregivers' use of
9 opioid medications or other substance use.

10 3. The departments of mental health, social services, and health and senior services
11 shall utilize existing prevention programs where appropriate and may use existing local
12 partnerships or programs to implement the plan. Federal funds, if available, may be sought
13 to assist the departments with funding programs created by the plan described in
14 subsection 1 of this section.

15 4. The plan established in this section shall be made available to the governor and
16 general assembly by the start of the first Wednesday after the first Monday in January
17 2018.

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